

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09/937510</b>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1	X				52				
3		2					53				
4		(1)					54				
5		(1)					55				
6			1				56				
7				2			57				
8				2			58				
9				2			59				
10				1			60				
11							61				
12							62				
13							63				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1		2				TOTAL IND.				
TOTAL DEP.	5		7				TOTAL DEP.				
TOTAL CLAIMS	6		9				TOTAL CLAIMS				